

Fill in this information to identify the case:

Debtor name Prison Planet TV, LLC
 United States Bankruptcy Court for the: Southern District of Texas
 (State)
 Case number (If known): 22-60022

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor	Column 2: Creditor		
	Name	Mailing address	Name	
2.1	<u>Alex Jones</u>	<u>c/o Shelby Jordan, 500 North Shoreline Blvd.</u> Street <u>STE 900</u> <u>Corpus Christi, TX 78401</u> City State ZIP Code	<u>All</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	<u>Free Speech Systems, LLC</u>	<u>c/o Ray Battaglia, 66 Granberg Cir</u> Street <u>San Antonio, TX 78218</u> City State ZIP Code	<u>All</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<u>InfoW, LLC</u>	<u>PO Box 1819</u> Street <u>Houston, TX 77251-1819</u> City State ZIP Code	<u>All</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<u>IWHealth, LLC</u>	<u>PO Box 1819</u> Street <u>Houston, TX 77251-1819</u> City State ZIP Code	<u>All</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5		<u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6		<u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G